

**SECURITY RIFLE INSTRUCTOR ENTRY-LEVEL
TRAINING ENROLLMENT**

Form Code: PSS_SI Fee Code: 204

Application Fee - \$300.00

Check or Money Order payable to:
Treasurer, Commonwealth of Virginia
Or apply online:

www.dcjs.virginia.gov/pss/online/watson.cfm

Application Fees are Non-Refundable

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services

Private Security Services Section

P.O. Box 10110, Richmond, VA 23240-9998

Phone #: (804) 786-4700; Fax #: (804) 786-6344

Website: www.dcjs.virginia.gov/pss/index.cfm

Status Hotline: (804) 786-1132 or 1-877-9STATUS

1. Applicant Name: _____
Last Name First Name MI

2. Social Security #: _____ Date of Birth _____
mm/dd/yy

3. Mailing Address: _____
Number and Street City/Town State Zip

4. Physical Address: _____
(if different than Mailing) Number and Street City/Town State Zip

5. Telephone: Residence _____ Business _____ Fax _____

6. May the Department provide information via an e-mail address? ☐ Yes ☐ No

7. E-Mail Address: _____

8. Are you currently employed by a Private Security Training School? ☐ Yes ☐ No

If yes, School Name: _____ DCJS ID# 88- _____

9. Are you certified as a firearms instructor?

☐ Yes *If Yes, please attach third party documentation verifying the type and dates of experience. Resumes are not acceptable. This application cannot be processed without the requested documentation.*

☐ No Individuals must be DCJS-certified as a firearms instructor to be eligible for attending this course.

10. Do you have official documentation of successful qualification, with a minimum range qualification of 85%, with each of the following:

☐ Revolver ☐ Semi-automatic handgun ☐ Shotgun

☐ No *If No, this application cannot be processed.*

☐ Yes *If Yes, please attach third party documentation verifying the type and dates of experience. Training Completion Forms (TCF) or range sheets with qualification scores are acceptable. This application cannot be processed without the requested documentation.*

14. Training Date/Location Requested: You can view the training dates and locations on www.dcjs.virginia.gov/pss/index.cfm. For first available date, please leave blank. PLEASE NOTE: if the training date/location you requested is full you will be scheduled for the next available date.

Date: _____ Location: _____
mm/dd/yy

15. Do you require disability accommodations?

☐ Yes (please specify) ☐ No

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Applicant's Signature _____ Date: _____
mm/dd/yy